88

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Branch No.:

10/724,871

Confirmation No.: 1629

Applicants:

Randall S. HICKLE December 2, 2003

Filed:

SYSTEMS AND METHODS FOR PROVIDING

GASTROINTESTINAL PAIN MANAGEMENT

TC/A.U.:

3739

Examiner:

Beverely M. Flanagan

Docket No.:

82021-0043

**Customer No.:** 

24633

### Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

### **AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith for filing is an 1.312 Amendment in the above-identified application.

Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

Total Months	Fee for	Fee for		
Requested	Extension	Small Entity		
one month two month three month four month five month	\$ 120.00 \$ 450.00 \$ 1020.00 \$ 1590.00 \$ 2160.00	\$ 60.00 \$ 225.00 \$ 510.00 \$ 795.00 \$ 1080.00		

Extension of time fee due with this request: \$ 0.00

If an additional extension of time is required, please consider this a Petition therefore.

06/23/2005 MBEYENE2 00000233 10724871

01 FC:1501 02 FC:1504 1400.00 DP 300.00 DP

# U.S. Application No. 10/724,871 Amendment Transmittal



## The fee has been calculated as shown below:

, , , , , , , , , , , , , , , , , , ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	24	MINUS	24	= 0	x 50/25 =	\$ 0.00
INDEP.	5	MINUS	5	= 0	x 200/100 =	\$ 0.00
Issue/Publication Fee				\$ 1,700.00		
					TOTAL	\$ 1,700.00

	No additional fee is required.
$\boxtimes$	A check in the amount of \$\(\frac{1,700.00}{\)}\) is attached.
	Please charge my Deposit Account No. 50-1349 the amount of \$
$\boxtimes$	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.
	Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
	Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

By:

**HOGAN & HARTSON LLP** 

Dated: June 21, 2005

**HOGAN & HARTSON LLP** 

555 Thirteenth Street, N.W. Washington, D.C. 20004 Telephone: 202-637-5703 Facsimile: 202-637-5910

e-mail: cjcrowson@hhlaw.com

Customer No. 24633

Celine Jimenez Crowson Registration No. 40,357

> Thomas W. Edman Registration No. 51,643

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/724,871

Confirmation No.: 1629

Applicant(s): Filed:

Randall S. HICKLE December 2, 2003

Titled:

SYSTEMS AND METHODS FOR PROVIDING

GASTROINTESTINAL PAIN MANAGEMENT

TC/A.U.:

3739

Examiner:

Beverely M. Flanagan

Docket No.:

82021-0043

Customer No.:

24633

#### Mail Stop Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria Virginia 22313 144

Alexandria, Virginia 22313-1450

#### AMENDMENT UNDER 37 C.F.R. § 1.312

Sir:

Applicant acknowledge receipt of a Notice of Allowance in the abovecaptioned application. Prior to payment of the issue fee, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.